Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanyir	ng instructions	carefully before	completing this form.
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1. CARRIER INFORMATION:

262	The Airport Shuttle, Inc.		Lagranda de la companya de la compan		
*WMATC No.	*Name of Carrier (as shown on certificat	te of authority)			
10015 Old (Columbia Road, # J-135		Columbia	MD	21046-1741
*Street Address	s of Principal Place of Business	Apt./Suite C	ity	State	Zip
Mailing Addres	s (if different from street address)	Apt./Suite C	ity	State	Zip
(410) 381-2	772	(410) 381-	2861 airshutl@bella	atlantic.net	
*Telephone	Other Telephone	Fax	E-maii		

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

2103072			1043
USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Donald Eames		President		
*Name		*Title		
(410) 381-2772		(410) 381-286	airshutl@bellatlantic.net	
*Telephone	Other Telephone	Fax	E-mail	

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District.

The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

CT Corporation System	(202) 572-3100		
Name of Registered Agent for Service of Process	Telephone E-mail		
1015 15th Street, N.W., #1000	Washington	DC	20005-2621
Agent Address (must be inside Metropolitan District)	Apt./Suite City	State	Zip

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the suc	carrier's of the change	prization that occur certificate of authors s have occurred.	red after the previous year's	s annual report was ges are entered bel	filed, or if ow, the ca	not applic	able, after les that no
atta	ich a com	plete vehicle list t	LES USED IN WMATC Of the both pages of this form. If required information.	PERATIONS: (1) If you have more that	ist your ve an 10 vehic	ehicles be cles in you	low or (2) Ir fleet, you
Fieet No.	*Modei Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
I certify t	RTIFICAT hat this r d it, and th	eport, including a	iny attachments, was prepa n contained in it is true, corre	red by me or unde ect, and complete a	r my supe s of this da	rvision, th	at I have
DONG	LD U	J EAMÉ	55	ave	3 æn		/
Name (type	or print)	NT		*Signature	14		
Title (not re	quired for s	ole proprietors)		*Date			

*CHANGES: Describe any merger, consolidation or other change in management, ownership, control, or

Vehicles 1/14/2014

1/14/2014							
Number	Z S	Year	Make	Model	Tag	State	Рах
	1FBSS31L75HB36510	2005	Ford	E350	360 87B	MD	17
	1FBSS3BL8ADA08485	2010	Ford	E350	506 59B	MD	1
	1FBSS31L26HAO1727 (2006	Ford	E350	415 31B	MD	10
	1FBSS31LX6HA31896	2006	Ford	E350	412 91B	MD	10
	1FBSS31LO6HA31308	2006	Ford	E350	417 50B	MD	11
	1FBSS31L76DA39137 <	2006	Ford	E350	421 78B	MD	10
	1FBSS31L59DA17206	2009	Ford	E350	482 94B	MD	10
	1FBSS3BL3ADA08426	2010	Ford	E350	506 60B	MD	11
	1FBNE31L18DB00540 ~	2008	Ford	E350	493 60B	MD	7
	1FBNE31L27DA92995 V	2007	Ford	E150	439 71B	MD	7
	1FBNE31L38DB25570	2008	Ford	E350	457 14B	MD	7
	1FBNE31L97DA72923	2007	Ford	E150	439 72B	MD	7
	1FBNE31L28DA77379 ^r	2008	Ford	E350	457 15B	MD	7
	1FBNE31L69DA74633	2009	Ford	E350	482 93B	QW	7

